



Candidate Statement of Non-Receipt of Contributions and Non-Expenditure of Funds

For candidates that have not spent or received **any** campaign funds

Name of Candidate or Officeholder		Political Party	
Street Address and Apartment Number		City	State Zip Code
Office Seeking	District Number	Area Code & Phone Number	Area Code & Fax Number

Type of Report

(Check the appropriate box)

INTERIM REPORTS:

- ☐ Seven days preceding Party Convention
(Required by all candidates)
- ☐ Seven days preceding Primary Election
(Required by all candidates)
- ☐ August 31
(Required by all candidates)
- ☐ Seven days before a General Election
(Required by all candidates)

YEAR-END REPORT:

- ☐ January 10 of every year

Report Verification

I, _____
Print Name of Candidate or Officeholder

affirm that I have **received no contributions and incurred no expenditures**
for political purposes during this reporting period.

Signature of Candidate or Officeholder

Date

To File this Form

Mail or deliver to
Lieutenant Governor's Office
Utah State Capitol, Suite 220
Salt Lake City, UT 84114-2325
Fax (801) 538-1133

For More Information

Please contact our office at
(801) 538-1041
1-800-995-VOTE (8683)
elections@utah.gov

03/08

For Office Use Only

- ☐ Entered _____
- ☐ Copied _____

Date Received

No Contributions & Expenditures